Pennsylvania Department of Health

PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001259		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/10/2023	
ENDOSCO LLC	VIDER OR SUPPLIER: DPY ASSOCIATES OF VAI	LLEY FORGE,	STREET ADDRESS, CITY, STATE, ZIP CODE: 420 WEST LINFIELD-TRAPPE ROAD Building B, Suite 101 LIMERICK, PA 19468				
STATE LICENSE NUMBER: 21711501 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O				ID PROVIDER'S PLAN OF CORRECTION (EACH (X5) PREFIX TAG CORRECTIVE ACTION SHOULD BE COMPLET		(X5) COMPLETE	
TAG	IDENTI			CROSS-REFERENCED TO THE A		DATE	
S 0000	This report is the result of an unannounced revisit survey conducted on April 10, 2023, following a relicensure survey completed on January 13, 2023, at Endoscopy Associates of Valley Forge. It was determined that the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November			S 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:							

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Certified End Page

ENDOSCOPY ASSOCIATES OF VALLEY FORGE, LLC

STATE LICENSE NUMBER: 21711501 SURVEY EXIT DATE: 04/10/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY